IDAHO STATE DEPARTMENT OF EDUCATION

CERTIFICATION/PROFESSIONAL STANDARDS COMMISSION

APPLICATION PACKET

for

ALTERNATIVE AUTHORIZATION – CONTENT SPECIALIST

ALTERNATIVE AUTHORIZATION — CONTENT SPECIALIST

RULE: IDAHO STATE BOARD OF EDUCATION (IDAPA 08, TITLE 02 CHAPTER 02)

044. ALTERNATIVE AUTHORIZATION-CONTENT SPECIALIST

The purpose of this alternative authorization is to offer an expedited route to certification for individuals who are highly and uniquely qualified in a subject area to teach in a district with an identified need for teachers in that area. Alternative authorization in this area is valid for three (3) years and is not renewable.

01. Initial Qualifications.

(3-20-04)

- **a.** Prior to application, a candidate must hold a bachelor's degree.
- **b.** The candidate shall meet enrollment qualifications of the alternative route preparation program.

02. Alternative Route Preparation Program – College/University Preparation. (3-20-04)

- **a.** A consortium composed of a designee from the college/university to be attended, a representative from the school district, and the candidate shall determine preparation needed to meet the Idaho Standards for Initial Certification of Professional School Personnel. This preparation must include mentoring and a minimum of one (1) classroom observation per month until certified.
- **b.** Prior to entering the classroom, the candidate completes eight (8) to sixteen (16) weeks of accelerated study in education pedagogy.
- **c.** Candidate will work toward completion of the alternative route preparation program through a participating college/university and the employing school district. A teacher must attend, participate in, and successfully complete an individualized alternative route preparation program as one (1) of the conditions to receive a recommendation for full certification.
- **d.** The participating college/university shall provide procedures to assess and credit equivalent knowledge, dispositions, and relevant life/work experiences.
- **e.** Prior to entering the classroom, the candidate shall meet or exceed the state qualifying score on appropriate, state-approved content, pedagogy, or performance assessment.

INFORMATION:

This Alternative Authorization-Content Specialist program provides an alternate route for individuals with strong content backgrounds and limited educational pedagogy to become certificated Pre-K-12 teachers in Idaho without following a standard teacher preparation program.

The authorization is valid for three (3) years and is non-renewable.

PROCEDURE:

1. Initial Process

- a. For entry into the program, the candidate needs to submit an application through the teacher preparation program at the college/university to be attended.
- **b.** Upon approval of entry into an individualized program and **prior** to entering the classroom, the candidate **must**:
 - (1) Complete an eight (8) to sixteen (16) week program of educational pedagogy study; and,
 - (2) Verify as having met or exceeded the state qualifying score on applicable, State Board-approved Praxis II content, pedagogy, and/or performance assessment(s).
- c. According to State Board rule, the participating college/university is responsible for developing a written plan toward Idaho certification using prior college coursework, real life/work experiences, and analysis of an individual's knowledge and dispositions to determine what is necessary for the candidate to complete the Alternative Authorization-Content Specialist program.

2. Interim Certificate Process

- a. Upon completion of the pre-service pedagogy program and developing a written plan, the college/university will notify the certification department in writing that the candidate has completed the requirements for entry into the Alternative Authorization—Content Specialist program.
- **b.** Subsequent to notifying the department, the candidate **may** then apply to the department for an **interim** Idaho teaching certificate that is a non-renewable, three-year certificate. The completed application packet must include:
 - (1) A completed application (see form **B1**, located in this packet):
 - (2) Payment \$100 Cash, money order or check are acceptable forms of payment. Checks are to be made payable to State Department of

Education. Credit cards are not accepted. Payment is **non-refundable**:

- (3) Completed fingerprint cards with a \$40 processing fee;
- **(4)** The \$100 check and the \$40 check may be combined into one payment.

NOTE: The interim certificate allows the individual time to secure a teaching position appropriate to the certificate(s)/endorsement(s) listed on the certificate. While working for the employing school district, the candidate may complete the rest of his/her program requirements.

- **c.** The candidate must undergo a Criminal History Check (CHC), including fingerprinting, prior to entering the classroom.
- **d.** While the candidate is completing the program, no financial or accreditation penalties will be assessed to the hiring district.
- **e.** The individual will also meet the "highly qualified teacher" standard of the NCLB legislation while working on this program.
- f. As provided in State Board rule, the participating college/university is required to work with the employing school/school district to monitor the candidate's progress until the program has been completed. This process needs to include a plan that provides a minimum of one (1) classroom observation per month until the plan is completed. The observations can be conducted by either college/university personnel, the principal of the building (or his/her designee), or by a mentor teacher.
- **g.** While the candidate is participating in the program, the employing school/school district must furnish a mentor teacher for the candidate. The mentor teacher will also collaborate with the participating college/university to provide necessary documentation required to monitor and verify the candidate's progress.

3. Initial Idaho Professional Education Credential Process

- **a. Upon completion of all requirements** as outlined in his/her plan, the college/university may submit to the department an Institutional Recommendation, including both the first and second teaching fields.
- **b.** The candidate may then apply for his/her **initial** Idaho professional education credential by submitting:
 - (1) A completed application (see form B1, located in this packet);
 - (2) Payment \$75 Cash, money order or check are acceptable forms of payment. Checks are to be made payable to State Department of Education. Credit cards are not accepted. Payment is non-refundable:
 - (3) Completed fingerprint cards with a \$40 processing fee;

- (4) The \$75 check and the \$40 check may be combined into one payment;
- (5) Certified copy of the Institutional Recommendation from the college/university; (Note: The Institutional Recommendation form B2 is available at the following web address; www.sde.idaho.gov/teachercertification)
- (6) Official transcripts and/or a letter from the college/university if other methods have been used for granting equivalent experience, dispositions, and knowledge;
- (7) Verification of successful completion of the Idaho Comprehensive Literacy Assessment (if applicable);
- (8) Verification of having met or exceeded the state qualifying score on applicable, SBOE-approved Praxis II content, pedagogy, and/or performance assessment(s).

NOTE: Submit the required items listed above to:

State Department of Education Certification/Professional Standards P.O. Box 83720 Boise, Idaho 83720-0027

APPLICATION FOR AN IDAHO INITIAL/REINSTATEMENT/INTERIM PROFESSIONAL EDUCATION CREDENTIAL

| THIS SEC | THIS SECTION FOR | | Date | Receipted | Year Issued | Year Expired | NI | NIA Status | |
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| t <u>em #1</u> | Indicat | e Type | of Application | n | | | | | |
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| | | | ant has previously held a | | • / | | | | |
| | Out-of-sta | te (Applicant | does not hold a current l Current license from | | g for evaluation only) Name of Teacher Preparate | tion Institution: | Date of | f Program | |
| | Out-of-sta | | | what state. | Name of Teacher Freparat | ion mondition. | Comple | | |
| | | ostsecondary | y Specialist | | | | | | |
| | Interim – A | | thorization – Teacher to | Now Cortificat | tion | | | | |
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| | | | thorization – Pupil Pers | | <u> </u> | | | | |
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| tem #2 | Persor | nal Info | rmation: Please | e enter your | name exactly as you wa | ant it to appear or | n the certif | ficate | |
| Name | | | | | | SS# | | | |
| Maiden/O | ther Name | | | | | Birth Date | | | |
| Street or | PO Box # | | | | | Phone # | | | |
| City, State | e, Zip Code | | | | | Gender | MAL | E FEMALE | |
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| tem #3 | Certific | cates: 1 | ist the certificate(s) | for which yo | ou are applying (i.e., Stno | drd Elementary, Admi | in, Stndrd S | econdary, etc.). | |
| Certificate | e # 1 | | | | | | | | |
| Certificate | e # 2 | | | | | | | | |
| Certificate | e # 3 | | | | | | | | |
| Certificate | e # 4 | | | | | | | | |
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| tem #4 | Endors | sement | S: List the education | onal endorse | ement(s) for which you | are applying (i.e., E | inglish, Prir | ncipal, etc.). | |
| Endorsen | nent # 1 | | | | Endorsement # 5 | | | | |
| Endorsen | nent # 2 | | | | Endorsement # 6 | | | | |
| Endorsement # 3 | | | | | Endorsement # 7 | | | | |
| Endorsen | Endorsement # 4 | | | | Endorsement # 8 | | | | |
| | | | 414 41 | | | | | | |
| tem #5 | Educa: | tionai ir | ISTITUTIONS: List is the second of the sec | st the college | es/university you have a | attended (start with t | he most rece | ent). You will | |
| | need to ii | | ial transcripts for ea | acri iristitutioi | | 5 | | V | |
| | | College/U | niversity Name | | Years Attended | Degree Ear | nea | Year Earned | |
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| b. | | | | | | | | | |
| c. | | | | | | | | | |
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Item #7 Praxis II Tests: List all Idaho Praxis II tests you have taken and the score achieved on each. Verification of the score(s) must accompany this application (i.e., photocopy of score sheet).

Out-of-State Applicants - If assessment is other than Idaho Praxis, list the required Idaho Praxis in column 1 and the requested out-of-state substitute assessment in column 2 (attach additional sheet if needed). Verification of a passing score of the assessment must accompany this application OR provide verification of a current National Board for Professional Teaching Standards certificate. NBPTS persons will receive a five (5)-year Initial Certificate.

(Access www.ets.org/praxis for Idaho required tests)

| | Test Name (column 1) | Test # | Score | | Test Name (column 2) | Test # | Score |
|----|----------------------|--------|-------|----|----------------------|--------|-------|
| a. | | | | d. | | | |
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| 2. Is there any action pending against your certificate or your application in another state? | | | | | | | | | | | |
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| | ou eve | | | | | | | any state, federal | l or military | court | ? |
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I attest and affirm that I have read the Code of Ethics for Idaho Professional Educators. (For a copy of the Code of Ethics, refer to the Code of Ethics link located in the Educator Certification section of the following website: www.sde.idaho.gov/teachercertification).

My signature on this application attests and affirms that all statements made by me on this application are true and correct to the best of my knowledge.

I understand that entry of false information on the application may result in denial of my application or revocation of my certificate.

| Signature of Applicant | Date |
|------------------------|------|

RETURN FORM, TRANSCRIPTS AND THE FEE IN ONE PACKET

TO:

State Department of Education Certification/Professional Standards PO Box 83720 Boise, ID 83720-0027